

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39070

STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Nichols Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Allan</u> Last <u>Rhodes</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>19</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov-18-1957</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>30</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Fairfax Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Vernie Rhodes</u>				14. MOTHER'S MAIDEN NAME <u>Phyllis Chastain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Vernie Rhodes Nichols Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity at Birth.</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Premature separation of placenta.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>7615</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>Nov 18, 1957</u> to <u>Nov 19, 1957</u> and last saw <u>him</u> alive on <u>Nov 19, 1957</u> Death occurred at <u>5</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James R. Allen, M.D.</u> (Degree or title)				22b. ADDRESS <u>Rock Port, Mo</u>		22c. DATE SIGNED <u>11-20-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov-19-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>N. E. Rock Port, Mo</u>	
24. FUNERAL DIRECTOR <u>Bertram Funeral Home - Rock Port, Mo</u>		ADDRESS <u>Rock Port, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 22, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Harwin H. Schaefer</u>	

(Licensed Embalmer's Statement on Reverse Side)

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. E. Buttram*.....

Licensed Embalmer No. *176*

P. O. Address *Rock Port*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.